United Nations E/ICEF/2000/P/L.23

Economic and Social Council

Distr.: Limited
10 July 2000

Original: English

For action

United Nations Children's Fund
Executive Board
Second regular session 2000
18-20 September 2000
Item 3 of the provisional agenda*

Recommendation for funding for a short-duration country programme**

Syrian Arab Republic

Summary

The present document contains a recommendation for funding from regular resources and other resources for the country programme of the Syrian Arab Republic with a duration of one year to support activities that will lead to the preparation of a full-length country programme. The Executive Director recommends that the Executive Board approve the amount of $926,000 from regular resources, subject to the availability of funds, and $290,000 in other resources, subject to the availability of specific-purpose contributions, for the year 2001.

* E/ICEF/2000/14

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1999. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.27).

00-54658 (E) 260700

Basic data

(1998 unless otherwise stated)

Child population (millions, under 18 years)	7.7
U5MR (per 1,000 live births)	32
IMR (per 1,000 live births)	26
Underweight (% moderate and severe) (1995)	13
Maternal mortality rate (per 100,000 live births) (1981)	110
Literacy (% male/female) (1995)	85/54
Primary school enrolment/attendance (% net, male/female) (1996)	95/87, 98/95
Primary school children reaching grade 5 (%) (1995)	94
Access to safe water (%) (1996)	86
Routine EPI vaccines financed by Government (%)	100
GNP per capita (US$)	1 020
One-year-olds fully immunized against:	
tuberculosis	75 per cent
diphtheria/pertussis/tetanus	97 per cent
measles	97 per cent
poliomyelitis	97 per cent
Pregnant women immunized against tetanus	53 per cent

The situation of children and women

1. Over the past decade, the Syrian Arab Republic has achieved considerable progress in social development. The infant mortality rate (IMR) and under-five mortality rate (U5MR), estimated in 1990 at 34 and 42 respectively, had declined to 26 and 32 per 1,000 live births in 1998. With high immunization coverage rates, the country is certified as polio-free: no polio cases have been reported since 1995. Primary education is compulsory, and the 1996 multiple indicator cluster survey (MICS) reported high primary school net enrolment rates (95 and 98 per cent respectively for girls and boys). Yet the maternal mortality rate remains higher than in some other countries of the region.

2. Despite advances, progress has been uneven, and geographic disparities persist. The rural north and north-east (five governorates that account for almost half the country's population of 15.3 million) lag in a number of social indicators. A 1996 Ministry of Health study found that U5MR was one third higher in rural areas than in urban areas. The 1996 MICS showed that in the north and north-east governorates, up to 19 per cent of children were underweight and 26 per cent were stunted, in contrast to 13 and 21 per cent nationwide. The region has less than one quarter of government health centres. Access to health services is about half that of other governorates, and in rural areas it is two thirds that of urban areas. The country's recent economic difficulties and drought have also had a disproportionate impact on rural groups living in these governorates.

3. Government sources show that the major causes of infant and child mortality in 1996 were premature birth, obstetric conditions, congenital malformations (often linked to consanguinity and administration of drugs during pregnancy), septicaemia, diarrhoeal disease and acute respiratory infections. Such findings highlight the need for improved maternal and child health services and better home care. Data are scarce on adolescent health issues, including HIV/AIDS.

4. The quality of health services in the Syrian Arab Republic remains a concern. A 1995 study by the Ministry of Health and World Health Organization (WHO) on the country's health centres found that the quality and range of services were limited, more so for

maternal health. Ministry data show that only 67 per cent of births are attended by trained health personnel. Challenges also remain in improving home-care practices and the early childhood environment. The 1996 MICS showed that only 17 per cent of mothers in the north treated their children's diarrhoea correctly with oral rehydration therapy. Despite the implementation of a national salt iodization programme since 1993 to combat high goitre rates in children, a 1997 survey found only 40 per cent of households consumed iodized salt.

5. Primary school drop-out rates are higher among girls in the north and north-east. In 1997, for example, drop-out rates were 53 per cent for girls and 17 per cent for boys in Al Qusra district, in the north-eastern governorate of Deir Ezzour. Other challenges facing the education system are the quality and relevance of primary schooling. Classroom teaching is geared towards learning by rote, and the curriculum is not oriented towards the knowledge and skills needed in daily life. Many primary schools lack learning materials and textbooks.

6. A 1998 national survey found that 0.3 per cent of children under 12, 7 per cent of children between the ages of 12 and 14, and 19 per cent of children between the ages of 15 and 17 were employed as workers. Children accused of crimes can spend a year or more in detention, often in contact with adult criminals, before being brought to trial. To date, scant attention has been paid to addressing the underlying social factors that lead children to conflict with the law, and linkages between judicial, law enforcement and social structures are weak. Recognizing this, the Government has initiated a reform of the juvenile justice system. It has also committed itself to reviewing national legislation vis-à-vis the Convention on the Rights of the Child and to improving the monitoring of the implementation of the Convention through a "High Committee" appointed for this purpose. The United Nations Development Assistance Framework (UNDAF) process has begun in the Syrian Arab Republic and a Common Country Assessment (CCA) was completed in 1999.

Programme cooperation, 1996-2000

7. In the area of health, WHO and UNICEF support contributed to the certification of the Syrian Arab Republic as a polio-free country. Overall, however, not enough attention was paid to verticality and poor quality within the health services, nor to preventive and home-care aspects of child health. The adoption in 1999 by the Ministry of Health of the WHO/UNICEF-supported Integrated Management of Childhood Illness (IMCI) initiative was a step in the right direction. Some 200 awareness seminars on HIV/AIDS were held for youth and health workers.

8. In education, UNICEF advocacy led to official recognition of the problem of girl drop-outs as a priority concern. Support to the Ministry of Education in improving the quality of basic education through the Global Education Initiative prompted its adoption for implementation in all of the country's 12,000 primary schools over the coming 10 years. Not all UNICEF-assisted interventions were as positive: the project for vocational training of girls and women did not address the more basic problem of drop-outs and covered only a limited number of girls.

9. The high-risk areas programme played a key role in improving health and social conditions in targeted rural and peri-urban communities and in influencing national development policies through its pilot activities. For example, from 1996 to 1998, immunization coverage and school enrolment rates improved in some 40 villages. The programme's school health activities prompted development of a national plan for implementing such activities in all primary schools nationwide. An initiative for encouraging girl drop-outs to resume their schooling prompted the Ministry of Education to pilot a "second chance" learning project in the northern governorates. Young women and adolescent girls have been mobilized to play the main role in establishing village health information systems, thus encouraging the Ministry to initiate such systems in selected districts to improve utilization of health services.

10. In the area of child protection, UNICEF information-based advocacy has proven successful. UNICEF-supported studies on juvenile justice, child disability, early marriage and child labour played a key role in generating policy discussion and initiating concrete action by the Government, such as the review

of Syrian legislation, a national conference on juvenile justice, and training for all stakeholders to improve the administration of juvenile justice. In 1997, Dourade Lahham, a renowned Syrian artist, was designated as spokesman for Syrian children's rights. He has become a valuable advocate, and in 1999 was appointed Goodwill Ambassador for the entire region.

Lessons learned from past cooperation

11. Advocacy could have been more effective had the impact of UNICEF interventions been measured more systematically. Therefore, monitoring and evaluation of the programme need to be strengthened. Other weaknesses include overly ambitious planning, too many dispersed activities, and verticality of interventions. With its limited resources, the programmme of cooperation will need to focus on fewer interventions.

Country programme preparation process

12. The new programme strategy was prepared in 1999 in close collaboration with government representatives. Other United nations agencies, non-governmental organizations (NGOs) and the regional office were also involved in the process, and consultations were held with donor embassies. The formal strategy meeting was followed by a series of informal bilateral meetings between UNICEF and its direct counterparts in the Government, where the programme was further developed. At the first regular session of 2000, the UNICEF Executive Board reviewed the country note for the 2001-2005 programme of cooperation (E/ICEF/2000/P/L.18). Subsequently, a major cabinet reshuffle prompted the Minister of Planning to request, through the United Nations Resident Coordinator, that the United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA) and UNICEF extend their current programme cycle by one year. The new cycle would begin in 2002 to allow sufficient time for the preparation of a new framework of cooperation between the Government and United Nations agencies, which would incorporate the country's new economic and social reforms. This would also allow the three agencies to maintain a harmonized cycle.

Country programme goals and objectives

13. The one-year programme will continue to support national and local authorities, communities and families in fulfilling their responsibilities to children and women, as defined by the Convention on the Rights of the Child. *Within the framework of the* UNDAF, the programme will contribute to broader national efforts to reduce geographical disparities in major social indicators; introduce reforms designed to improve the quality and responsiveness of health and education services; and create and sustain public and political concern for children's and women's rights.

Relation to national and international priorities

14. As noted above, the Government, which is in the process of preparing its ninth Five-Year National Plan, gives high priority to increasing basic infrastructure and to promoting the quality of education and health services.

Programme strategy

15. The country note explained why the structures and strategies proposed for the 2001-2005 programme are suited to the present-day situation in the country. This one-year programme will be essentially the same as that proposed in the country note, and many elements will continue into the next cycle, which begins in 2002. Targets of individual projects have been adjusted to fit the one-year duration. Through advocacy and capacity-building, efforts to support new initiatives will focus mostly on laying a foundation for the next cycle. The programme will continue to make selective inputs at the national level, in areas where policy changes and government action can lead to critical improvements in the situation of children and contribute to granting their rights. To this end, UNICEF will continue its support to pilot projects and action-oriented studies which, linked to advocacy, have proven successful in promoting children's rights and policy and legislative changes. Because of limited resources, the identification and choice of these interventions will be critical. Most UNICEF-supported interventions will focus on the north and north-east

Recommended programme cooperation, 2001

Estimated annual expenditure

(In thousands of United States dollars)

	Total
Regular resources	
Support to national policy and programme development	209 832
Disparity reduction	314 832
Promotion of children's and women's rights	171 832
Cross-sectoral costs	229 504
Subtotal	**926 000**
Other resources	
Support to national policy and programme development	90 000
Disparity reduction	140 000
Promotion of children's and women's rights	60 000
Subtotal	**290 000**
Total	**1 216 000**

regions of the country. A more integrated programming approach will be adopted, in recognition of the interrelation of children's and women's rights. Through intersectoral working committees and policy seminars, UNICEF will continue mobilizing partnerships and alliances, including with Syrian civil society, other United Nations agencies and NGOs.

16. *Support to national policy and programme development* will, through capacity-building and advocacy based on the experiences of the disparity reduction programme, contribute to government efforts to sustain and extend achievements in the health and education sectors, and to reach the remaining goals of the World Summit for Children.

17. The health project will contribute to the introduction of policies designed to improve the quality of maternal and child health. Through training and technical support, UNICEF will contribute to national policies and strategies in the areas of the IMCI, women's and adolescent health, HIV/AIDS, nutrition, the use of iodized salt, and health communication. UNICEF will continue to advocate and support the implementation of "baby-friendly" policies in the country's maternity facilities.

18. The global education project will contribute to improving the quality and relevance of primary schooling, so that the primary school system is more effective in imparting the literacy, numeracy, critical-thinking and life skills needed by young people today in the Syrian Arab Republic. Specific areas of support will include teacher training and training materials development. UNICEF will also advocate for the mainstreaming of global education approaches in the school system.

19. The *disparity reduction programme* will target a few disadvantaged communities in the five north and north-east governorates, building on the successes of the high-risk areas programme during the 1996-2000 period. Such a focus will help address disparities and promote community empowerment. Through a combination of local capacity-building, community mobilization and targeted service delivery, the programme will contribute to improving the coverage of health and education services in selected communities within the targeted governorates (Idleb, Aleppo, Raqqa, Deir Ezzor and Al Hassakah).

20. The integrated child care and development project will support the creation of "child-friendly"

communities in targeted areas, where young children enjoy a physical environment, basic services and facilities conducive to their survival, growth and development. The project will emphasize improving child-rearing knowledge and skills among families and strengthening community partnerships with government extension services and institutions providing basic social services. To this end, UNICEF will support the training, mobilization and social organization of local government and key community members, and the training and mobilization of parents and community and women's groups.

21. The back-to-school project will help address the major factors leading children, and particularly girls, to drop out and stay out of school in the targeted areas. Support will be extended to the development and implementation of multi-channel information, education and communication (IEC) activities aimed at reaching families in targeted areas, and to advocacy for policies facilitating the re-integration of drop-outs into the formal school system. Building on a successful pilot initiative begun in 1998 in Idleb governorate in cooperation with the Ministry of Culture, UNICEF will continue cooperating with the Ministry of Culture and the Ministry of Education to provide basic education and life skills education courses for out-of-school girls between the ages of 13 and 19 in targeted areas.

22. The *promotion of children's and women's rights programme* will contribute to ensuring that these rights remain at the fore of the public and political agenda, and that they are fully incorporated into national plans and policies. The advocacy and communication project will contribute to raising awareness and concern for children's and women's rights at all levels of society. UNICEF cooperation will focus on developing targeted IEC activities; supporting broad-based media activities on themes related to the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; and supporting activities involving the regional UNICEF goodwill ambassador. Efforts will also involve the private sector as a partner in promoting the Convention on the Rights of the Child.

23. The monitoring and planning project will contribute to strengthening national capacity to monitor and follow up on the implementation of the Convention on the Rights of the Child. UNICEF will support the Central Bureau of Statistics and concerned ministries in conducting and applying policy-oriented research aimed at improving baseline data and highlighting key outstanding child rights concerns. Improving the availability and quality of disaggregated data will be a particular emphasis of research efforts.

24. The children with special needs project will contribute to the development of legislation, policies and programmes for the care and protection of these children, using the norms in the Convention on the Rights of the Child. Building on efforts begun during the 1996-2000 programme period, UNICEF cooperation will focus on addressing three specific groups: children in conflict with the law, working children, and children with disabilities. Specific areas for support and advocacy will include: development and implementation of appropriate policy and legislative measures for working children and children in conflict with the law; strengthening of systems for monitoring labour practices and workplace conditions; and policy development for disabled children.

Monitoring and evaluation

25. Country programme monitoring and evaluation activities will take place within the framework of an integrated monitoring and evaluation plan, to be developed in late 2000. Information and research activities supported in the context of the promotion of the women's and children's rights programme will help strengthen baseline data, against which country programme progress will be measured.

Collaboration with partners

26. Within the framework of the UNDAF, and on the basis of the joint concerns identified in the CCA completed in 1999, UNICEF will collaborate closely with other United Nations agencies in the country in all aspects of the country programme. Specific areas of cooperation will include: polio eradication and IMCI implementation (with WHO); HIV/AIDS (with WHO and UNFPA); training of traditional birth attendants (with UNFPA); integrated community development (with WHO, UNDP, the Food and Agricultural Organization of the United Nations (FAO) and UNFPA); education reform (with the United Nations Educational, Cultural and Scientific Organization); and gender issues (with FAO, UNDP, UNFPA, the Office of the United Nations High Commissioner for Refugees and the United Nations Development Fund for

Women). Priority will also be placed on strengthening and expanding collaboration with bilateral development agencies, building on initial contacts established during the 1996-2000 programme period.

Programme management

27. The national coordinating body for the programme will be the State Planning Commission, which will organize interministerial meetings on a regular basis to review progress and take corrective actions. A number of changes in the office staffing structure are being proposed. These include the replacement of an existing National Officer post with two National Officer posts, one to be responsible for the disparity reduction programme and the other to be responsible for the programme on support to national policy and programme development. The cross-sectoral costs relate to the existing international professional post and support staff. Regular country management team meetings and monthly reviews of office work plans will be used as tools to manage the programme and improve programme performance. A programme and management review will be held at the end of 2001.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

GD COUNTRY : SYRIA
PROGRAM : 2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	RR	FOR	NOR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																	
DISPARITY REDUCTION	314,832			314,832	0	0	0	0	0	0	0	1	0	1	0	23,946	23,946
SUP.-NAT'L. POLIC. & PROG. DEV.	209,832			209,832	0	0	0	0	0	0	0	1	0	1	0	23,946	23,946
PROM.- CHILD. & WOM. RIGHTS	171,832			171,832	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS	229,504			229,504	0	0	0	1	0	0	1	0	3	4	128,726	57,171	185,897
TOTAL RR	926,000			926,000	0	0	0	1	0	0	1	2	3	6	128,726	105,063	233,789
OTHER RESOURCES :																	
DISPARITY REDUCTION		0	140,000	140,000	0	0	0	0	0	0	0	0	0	0	0	0	0
SUP.-NAT'L. POLIC. & PROG. DEV.		0	90,000	90,000	0	0	0	0	0	0	0	0	0	0	0	0	0
PROM.- CHILD. & WOM. RIGHTS		0	60,000	60,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		0	290,000	290,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL RR & OR	926,000	0	290,000	1,216,000	0	0	0	1	0	0	1	2	3	6	128,726	105,063	233,789
SUPPORT BUDGET			Operating costs	150,150													
			Staffing		0	0	0	1	0	0	1	2	4	7	165,958	134,105	298,153
GRAND TOTAL (RR + OR + SB)					0	0	0	2	0	0	2	4	7	13	294,684	239,258	531,942
	Number of posts and staff costs:																
	Current programme cycle										2	3	9	14			
	At the end of proposed programme cycle (indicative only)										2	4	9	15	294,684	239,258	531,942

RR = regular resources.
OR = other resources.
FOR = funded other resources.
NOR = new other resources.
IP = International Professional.
NP = National Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.